Best Avalication of Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

264/034

CLAIMS AS FILED - PART I (Column 1) (Column 2)								Small entity		other than or small entity			
TOTAL CLAIMS			65		Control of College Printed State Control of			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		'	Ba sic Fee	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	歩 ろ minus 20=		3		.	X\$ 9=		OR	X\$18=	630	
IND	EPENDENT CL		$\int_{\mathcal{A}} \min_{\mathbf{x} \in \mathcal{A}} \mathbf{x} = \mathbf{x}$,	X40=	-	·	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT										OR		QND	
the short dissertance in column 4 in least short ware anter 40" in column 2								÷135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1580	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								small e	ENTITY	OR	other Small (
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	٠	Minus	άά		=		X\$ 9=		OR	X\$18=		
MEN	Independent	÷	Minus	***		=		X40=		OR	X80=		
(S)	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							÷135=			÷270=		
								+135=		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS	7	HIGHE		(Column 3)	ן ו		ADDI-	1	·	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
ZOZ	Total	۵	Minus	άû		=		X\$ 9=		OR	X\$18=	·	
SONGE!	Independent	÷	Minus	000		=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								405			.070		
								+135= TOTAL		OR:	L		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDIMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO S	Total	•	Minus	άū	· . · .	=	.]	X\$ 9=		OR	X\$18=	ï	
NAME	Independent	٠	Minus	000		=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
	IX AL · · · ·	: [+135= TOTAL		OR	+270=							
00	° If the entry in column 1 is less than the entry in column 2, write "0" in column 3. °° If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. °°° If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR TOTAL ADDIT. FEE			
	If the "Highest Nu The "Highest Nun	mber Previously Pa nber Previously Pa	'aid For" IN THI aid For" (Total o	S SPACE is r Independe	i less tha nt) is the	n 3, enter "3." highest numbo		ADDIT. FEE	propriate bo	x in co	lumn 1.		